

EXEMPT

22ND JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY

STATE OF LOUISIANA

NO. 2015-13032

DIVISION: P

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION
OFFICE OF COMMUNITY DEVELOPMENT,
DISASTER RECOVERY UNIT -
HAZARD MITIGATION GRANT PROGRAM

FILED

JUL 23 2015

VS.

MARILYN R. THONN AND JACOB H. THONN

MALISE PRIETO - CLERK
Deputy S/CONNIE GENNARO

**PETITION FOR DECLARATORY JUDGMENT AND FOR
JUDGMENT TO RECOVER HAZARD MITIGATION
GRANT PROGRAM FUNDS**

NOW INTO COURT, through undersigned counsel, comes Petitioner, the State of Louisiana, Office of Community Development, Disaster Recovery Unit - Hazard Mitigation Grant Program (hereinafter "HMGP"), which respectfully files this Petition for Declaratory Judgment and for Judgment to Recover Hazard Mitigation Grant Program Funds. In support, HMGP respectfully represents:

1.

The Defendants in this case are Marilyn R. Thonn and Jacob H. Thonn, majors domiciled in St. Tammany Parish, who voluntarily participated in HMGP to mitigate their home after Hurricane Katrina.

2.

HMGP is a mitigation program funded by FEMA and is administered by the State of Louisiana as the grantee. HMGP assists homeowners whose homes were damaged as a result of Hurricanes Katrina and Rita. It also helps homeowners in coastal Louisiana protect their homes from damage, which may occur in future natural disasters, by elevating their homes, reconstructing safer structures, or installing individual mitigation measures. The State of Louisiana serves as the funding vehicle by which FEMA funds are awarded to eligible homeowners.

3.

Defendants executed a Voluntary Participation Agreement (hereinafter "VPA") on July 21, 2010 to participate in HMGP and to receive an HMGP grant. Defendants also agreed to

comply with all HMGP guidelines, which includes using HMGP funds for their intended purpose. *Exhibit A*.

4.

FEMA Grant Funds in the amount \$7,500.00 (hereinafter "FEMA Grant Funds") were paid to Defendants by HMGP on or about September 21, 2010 for the specific purpose of Individual Mitigation Measures (hereinafter "IMM") at their home located at 122 Royal Oak Drive, Slidell, LA 70460. *Exhibit B*.

5.

Photographs dated March 31, 2015 show that although the FEMA Grant Funds were received, Defendants' home was not mitigated. *Exhibit C (in globo)*.

6.

Three (3) separate collection letters were mailed to Defendants at 122 Royal Oak Drive, Slidell, LA 70460, which was the address submitted by them when they applied for the HMGP grant. The first letter dated July 9, 2012 was sent by Certified Mail 7011 2000 0002 6929 8117 and informed Defendants that the FEMA Grant Funds in the amount of \$7,500.00 had to be returned to the State of Louisiana. The Return Receipt was signed by Defendant on July 19, 2012. *Exhibit D (in globo)*.

7.

The second letter dated August 17, 2012 was mailed to Defendants. *Exhibit E (in globo)*.

8.

The third letter dated April 13, 2015 was sent by Certified Mail 7014 0510 0001 1417 1560. The Return Receipt was signed by Defendant on April 14, 2015. *Exhibit F (in globo)*.

9.

Defendants have failed to respond to the letters and have failed to return the funds to the State.

10.

Defendants' failure to return the FEMA Grant Funds has resulted in Defendants owing to HMGP the FEMA Grant Funds, which must be recovered by HMGP, the State program charged with distributing FEMA funds for mitigation projects.

11.

HMGP must account to FEMA for all funds issued to homeowners. Failure of HMGP to recover the FEMA Grant Funds from Defendants will result in reimbursement to FEMA being required by the State of Louisiana.

12.

HMGP requests that the debt of \$7,500.00, owed by Marilyn R. Thonn and Jacob H. Thonn to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendants to return and pay the FEMA Grant Funds to the State, in full.

ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:

- a. That this Honorable Court declare that Defendants, Marilyn R. Thonn and Jacob H. Thonn, are non-compliant with the Voluntary Participation Agreement signed by them;
- b. That this Honorable Court declare that Defendants, Marilyn R. Thonn and Jacob H. Thonn, are indebted to HMGP in the amount of \$7,500.00 because of their failure to mitigate their home according to their agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;
- c. That Defendants, Marilyn R. Thonn and Jacob H. Thonn, be ordered to return the \$7,500.00 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendants, Marilyn R. Thonn and Jacob H. Thonn, in the full sum of \$7,500.00;
- e. That Defendants, Marilyn R. Thonn and Jacob H. Thonn, be assessed all costs and fees associated with this matter; and
- f. That the Court grant such other relief as is just and proper.

Respectfully submitted:

FOR HMGP:



La Koshia R. Roberts
Bar Roll No. 26715
State of Louisiana, through
its Division of Administration
2021 Lakeshore Drive, Suite 100
New Orleans, Louisiana 70122
Telephone: (504) 284-4022
Facsimile: (504) 284-4091
LaKoshia.Roberts@la.gov

**PUBLIC ENTITY/FEE EXEMPT
(La.R.S. 13:4521 and 13:5112)**

T. Randolph Richardson (Special Counsel)
Bar Roll No. 11245
Law Office of T. Randolph Richardson
1010 Common Street, Suite 3000
New Orleans, LA 70112
Phone: 504-212-4163
Fax: 504-581-7083
Email: trichar994@aol.com

EXEMPT

22ND JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY

STATE OF LOUISIANA
NO: 2015-13032

DIVISION: F

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,
OFFICE OF COMMUNITY DEVELOPMENT,
DISASTER RECOVERY UNIT -
HAZARD MITIGATION GRANT PROGRAM

FILED

JUL 23 2015

VS.

MALISE PRIETO - CLERK

Deputy
S/CONNIE GENNARO

MARILYN R. THONN AND JACOB H. THONN

VERIFICATION

CONSIDERING THE FOREGOING PETITION FOR RECOVERY OF HAZARD
MITIGATION GRANT PROGRAM FUNDS:

I, CRAIG P. TAFFARO, JR., Director of the State of Louisiana's Hazard Mitigation
Grant Program, declare under penalty of perjury that the representations made in the foregoing
Petition are true and correct to the best of my knowledge, belief and understanding.

THUS DONE ON THIS 22nd DAY OF July 2015 IN NEW ORLEANS,
LOUISIANA.

Craig P. Taffaro, Jr.

La Koshia Reconda Roberts
Notary Public
Bar Roll No. 26715
My Commission expires at death.

PLEASE SERVE:

MARILYN R. THONN
122 ROYAL OAK DRIVE
SLIDELL, LA 70460

JACOB H. THONN
122 ROYAL OAK DRIVE
SLIDELL, LA 70460

2015-13032P

FILED

JUL 23 2015

MALISE PRIETO
SIGNONIE GENARO

OCD-DRU
HAZARD MITIGATION PROGRAM
VOLUNTARY PARTICIPATION AGREEMENT (VPA)

Complete and return this form by mail to:

OCD-DRU HMGP Program
P. O. Box 1089
Hammond, LA 70404-1089

Road Home # 06HH

198328

SECTION 1: Mitigation ELECTION (check one)

☐ I/We have sold the home that was damaged during the storm and therefore will not be participating in the OCD-DRU HMGP Award Program.

☐ I/We am not interested in receiving an OCD-DRU HMGP Award

IF YOU CHECKED EITHER OF THE ABOVE: SIGN BELOW AND RETURN THIS FORM, OTHERWISE CONTINUE.

Applicant or Co-Applicant NAME

Applicant or Co-Applicant SIGNATURE

Date

Applicant or Co-Applicant NAME

Applicant or Co-Applicant SIGNATURE

Date

Home Phone: ()

Cell Phone: ()

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

Agent NAME (person with POA)

Agent SIGNATURE

Date

☒ I/WE AM/ARE INTERESTED IN RECEIVING AN OCD-DRU HMGP AWARD. IF YOU CHECK THIS BOX, YOU NEED TO MEET ALL CRITERIA IN SECTION 2.

SECTION 2: PROGRAM ELIGIBILITY

A homeowner must meet ALL of the following criteria to be considered for the OCD-DRU HMGP Award:

- Applicant is eligible for Road Home Program benefits as part of the Homeowner Assistance Program.
(NOTE: Even if a homeowner received a zero award letter from Road Home, that homeowner may still be eligible for money through the OCD-DRU HMGP.
- Homeowner selected Road Home Option 1 – "Keep Our Home".
- Homeowner still owns the home that was eligible for Road Home benefits.
- The structure is located in a FEMA designated ABFE area or the mitigation activity is deemed cost beneficial according to FEMA guidelines. (IMMs are not required to undergo a cost benefit analysis since FEMA has determined all IMMs to be globally cost beneficial for this grant.
- Homeowner agrees to comply with all OCD-DRU HMGP guidelines.

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2015 JUL 23 P 1:18

ST TAMMANY PARISH

SECTION 3: I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING PROGRAM/S:

☐ Pilot Reconstruction ☐ Elevation ☒ Individual Mitigation Measures (IMM)

SECTION 4: VPA STATEMENT OF COMPLIANCE

This Agreement of Voluntary Participation is made on 7/19/10 (date). I/We are the owner of the following property, eligible for Road Home assistance and damaged by Hurricane Katrina and/or Rita at the following municipal address:

122 Royal Oak Dr. Slidell, St. Tammany 70460 (the "Property").
Street City Parish ZIP

I/We currently plan to participate in the OCD-DRU HMGP Program. I/We understand that participation in OCD-DRU HMGP Program and understand that:

- The program is voluntary in nature;
- I/We are under no obligation to participate;
- I/We may drop out of the program at any time before receiving an award;
- The program reimburses cost of mitigation measures, homeowner must complete measures and request reimbursement from OCD-DRU's HMGP;
- Due to limited funding, IMM will be serviced on a "first come, first serve" basis until all funding is exhausted.

☒ I/We understand that before cost will be reimbursed that an OCD-DRU HMGP Covenant must signed, which requires the property owner to obtain and maintain flood insurance. The OCD-DRU HMGP will be recorded with Conveyance Records in the parish where the property is located.

For Pilot Reconstruction Projects:

- Property owner has been notified that the reconstructed structure total square footage cannot exceed 10% of the total square footage of the original structure on or before the date of the event for which funding is authorized.
- Property owner has been notified that the maximum award amount is \$100,000, less duplication of benefits.
- Property owner confirms that the information described in the preceding paragraphs has been explained and the information is understood.

Jacob H. Thorne
Applicant or Co-Applicant NAME

Jacob H. Thorne
Applicant or Co-Applicant SIGNATURE

7/21/10
Date

Marilyn Bower Thorne
Applicant or Co-Applicant NAME

Marilyn B. Thorne
Applicant or Co-Applicant SIGNATURE

7/21/10
Date

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES ☒ NO ☐ If signing as agent with Power of Attorney:

Agent NAME (person with POA)

Agent SIGNATURE

Date

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Vendor Search
Menu

Default View
Unit Based Data
Data Refreshing
Home
Reports Report
Performance
Checklist Status
OSRAP Metrics
Supplier of the Month
Vendor Training
Manual

Office of Statewide Reporting and Accounting Entity
Louisiana

Logout Payee Locations Payee Search Payments Help

Payee Detail

Sort the information below by clicking on the column headers. Click on the agency number below for contact information.

Payee Remittance Address:
122 ROYAL OAK DR
SIDEELL, LA 70460

Check/EFT Number: AD 0003882442
Check/EFT Date: 09/21/2010
Status Change Date: //
Status: Outstanding

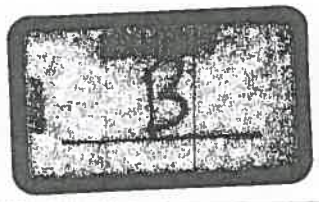
Check/EFT Line Details:
(click on agency for contact information)

Check/EFT Total: 7,500.00

Total Number of Lines: 1

| Agency | Document ID | Ref Doc ID | Invoice # | Comments | Line Amount |
|--------|-------------|------------|--------------|-----------|-------------|
| 107 | PV03004048 | | 146330002430 | 004118328 | 7,500.00 |

2015-13032F
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JUL 28 2015
MALISE PRIETO-CLERK
Dep't 9/CONNIE GENNARO



2015-13032^F
FILED

JUL 23 2015

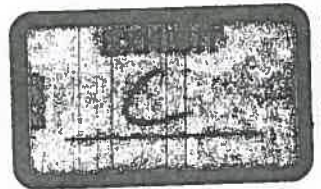
MALISE PRIETO-CLERK
Deputy S/CONNIE GENNARO

3-31-15

FILED

2015 JUL 23 PM 18

ST TAMMANY PAR



3-31-15

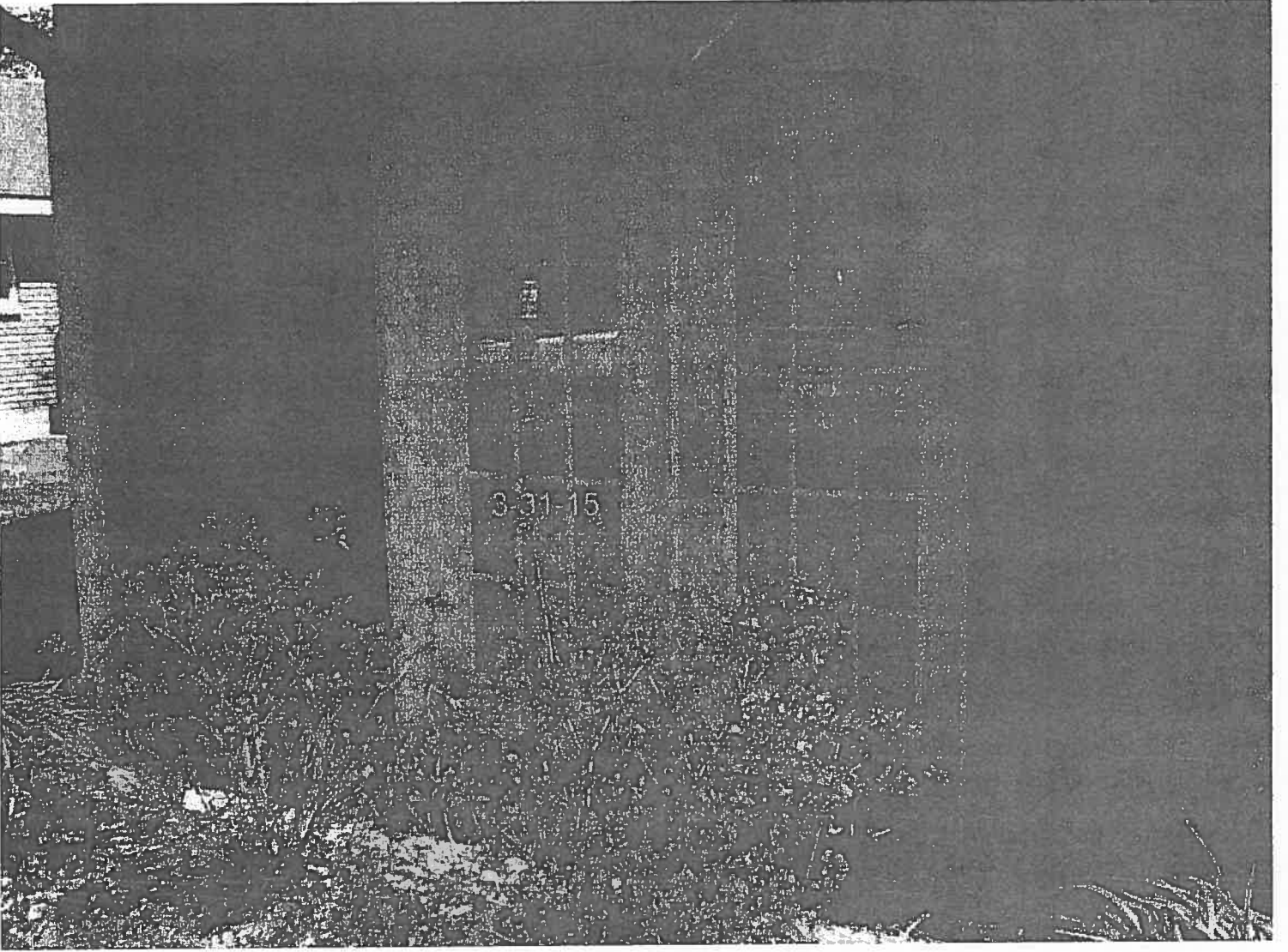
3-31-15

2014 10/10/15 10:10 AM 10/10/15 10:10 AM

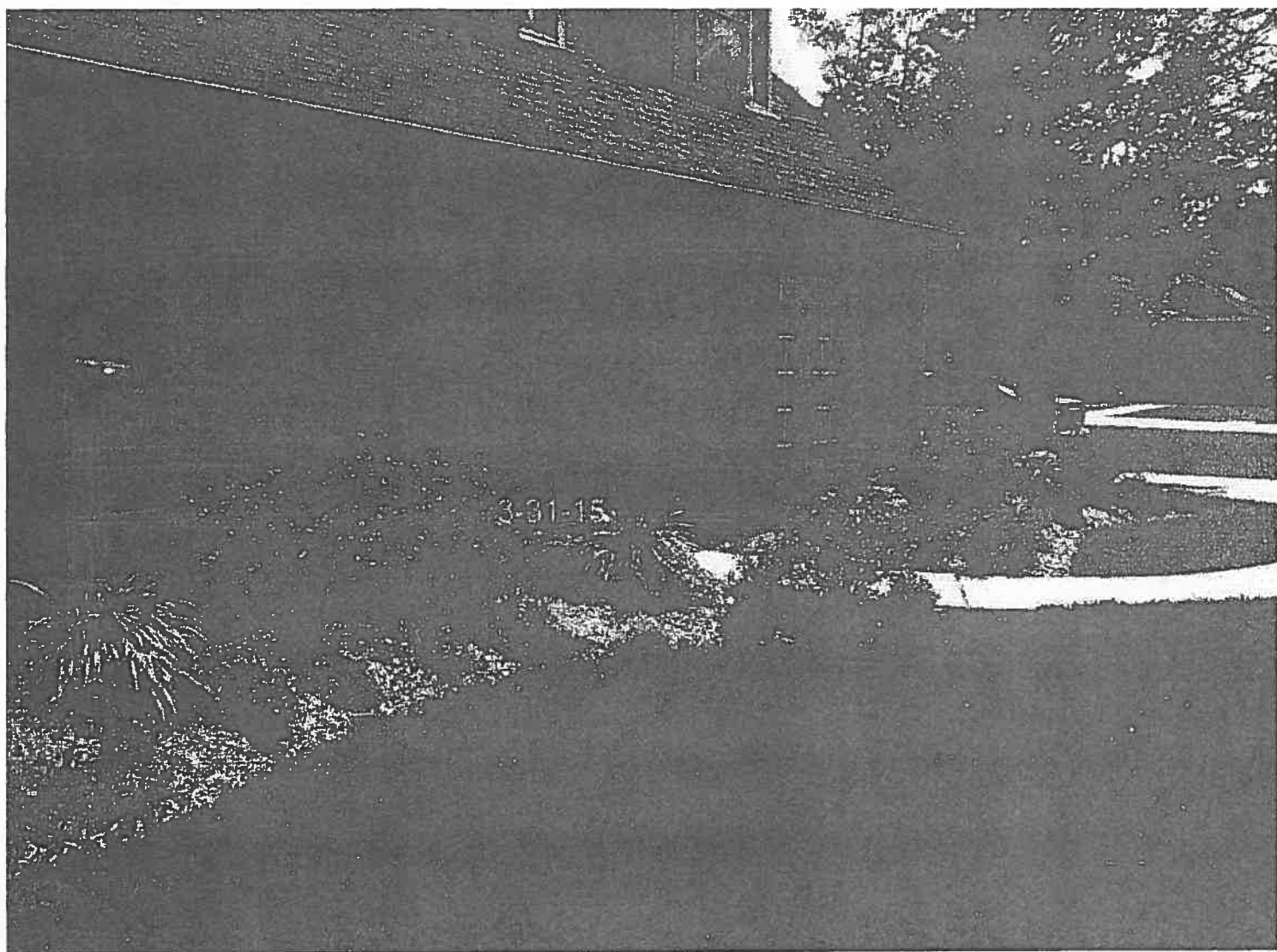
10/10/15 10:10 AM

10/10/15 10:10 AM

3-31-15



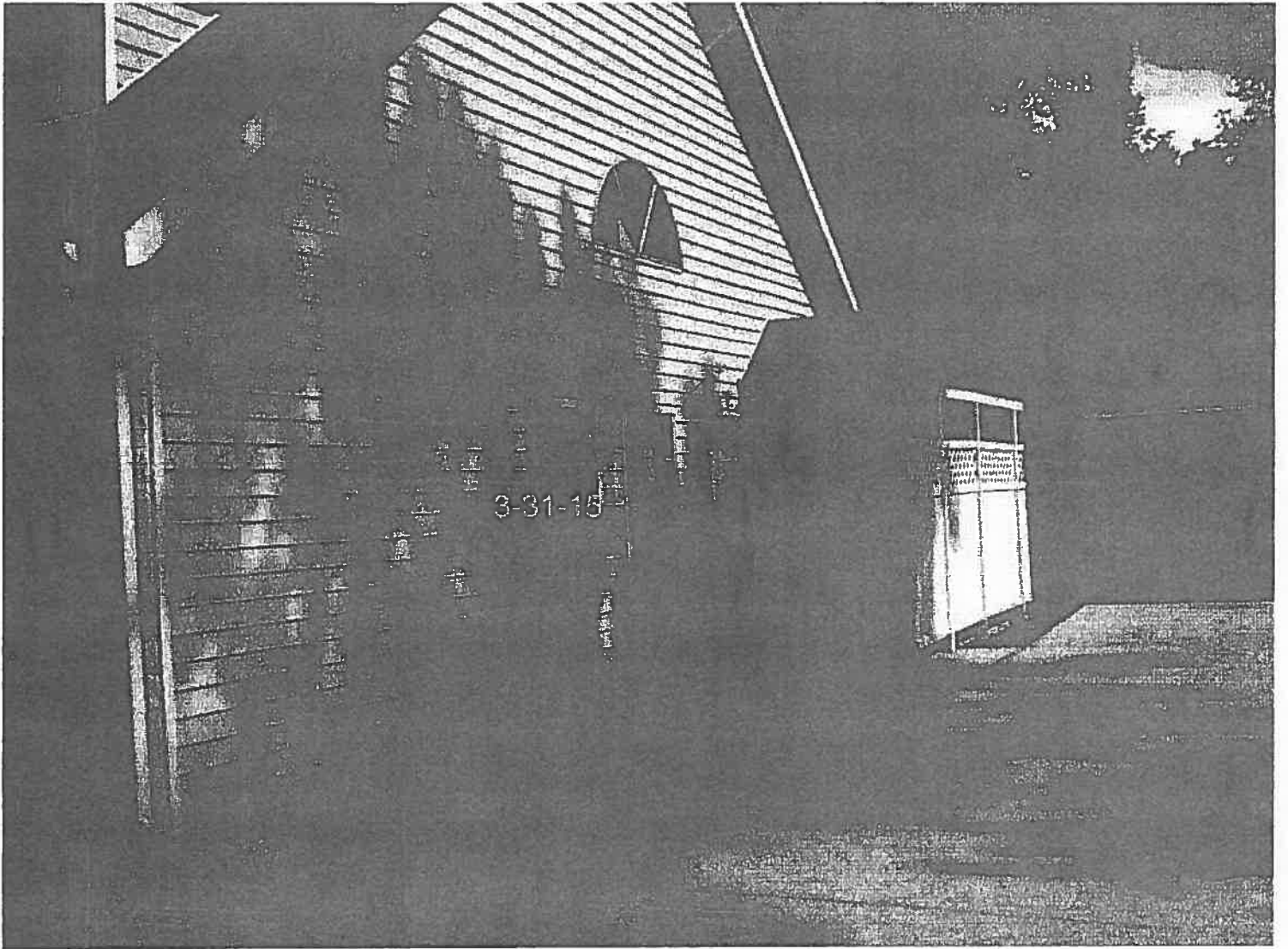
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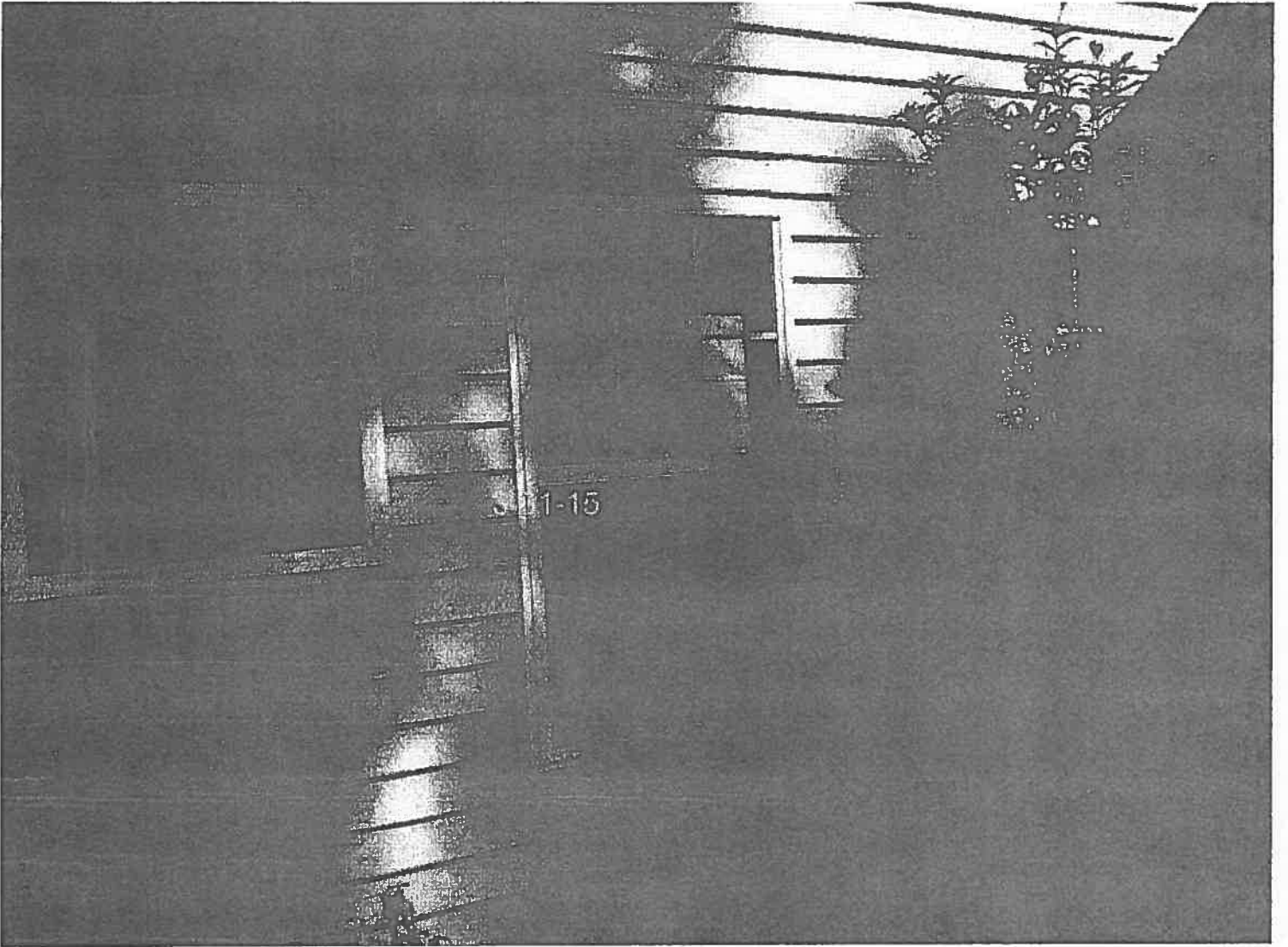


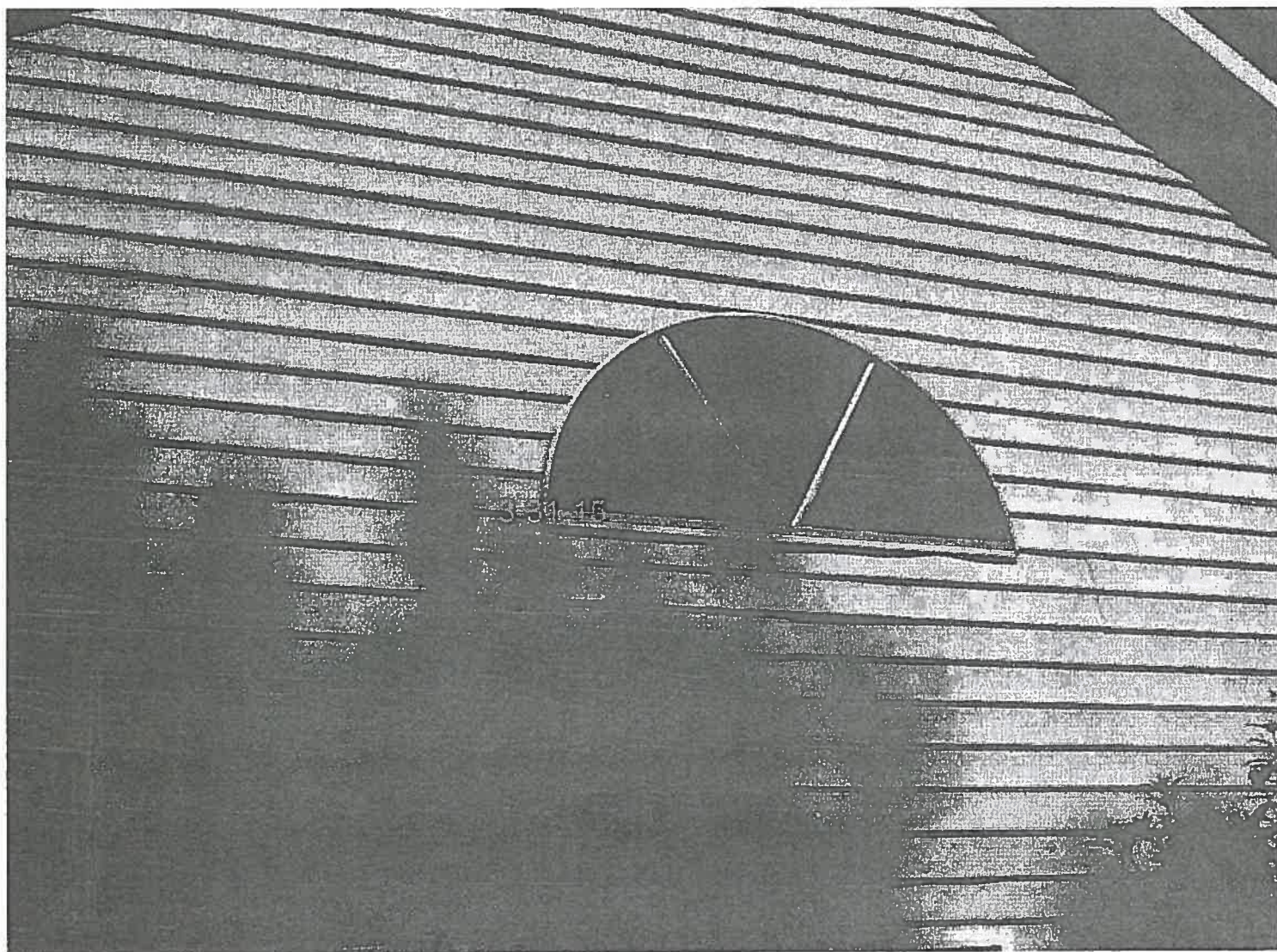
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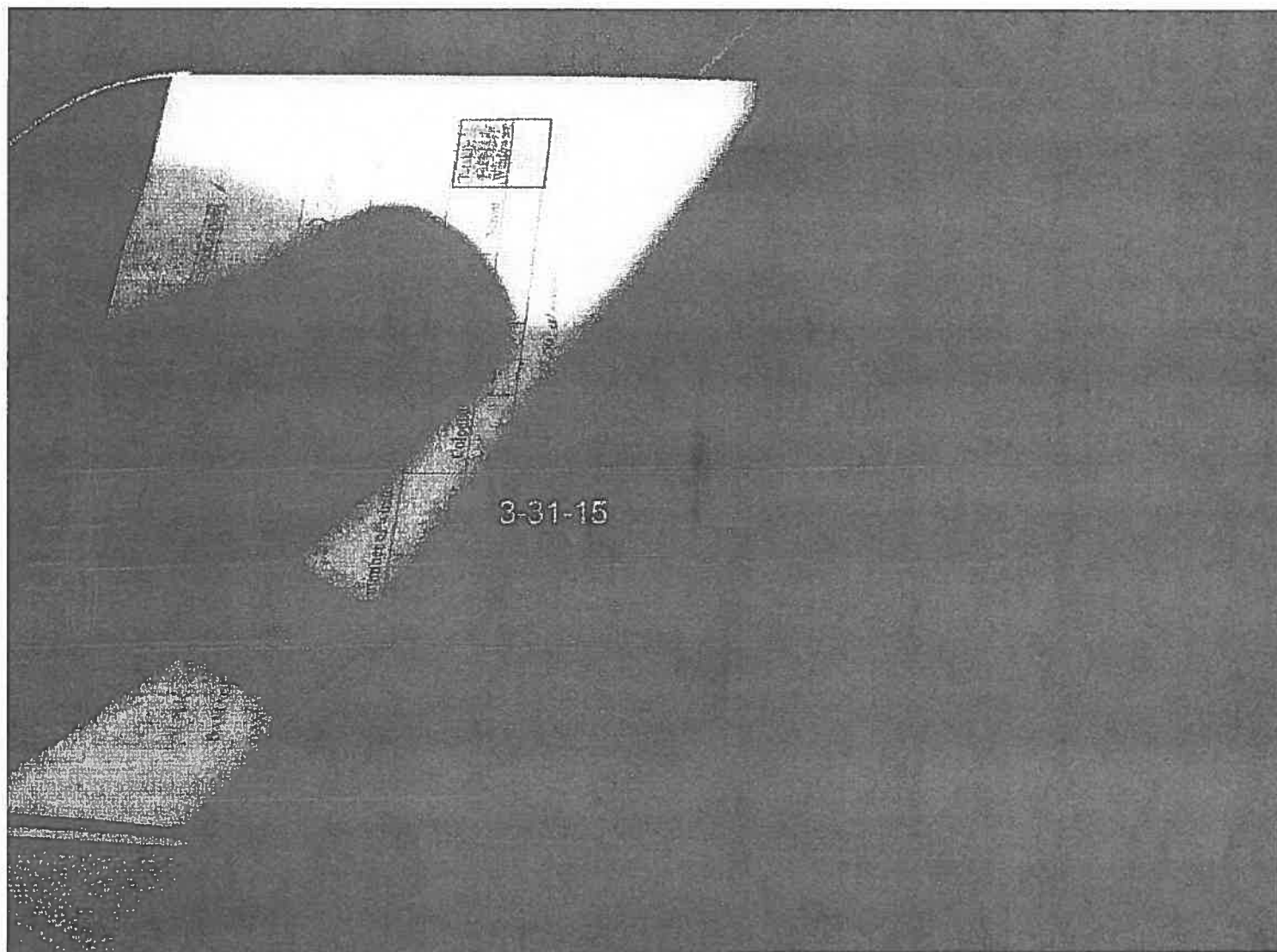
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State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

2015-13032 F

FILED

JUL 28 2015

MALISE PRIETO-CLERK
Deputy Clerk
SCONNIE GENNARO

7/9/2012

Jacob Thonn
Marilyn Thonn
122 Royal Oak Dr.
Slidell, LA 70460

Road Home ID: 06HH198328

SUBJECT: Verification of Mitigation Grant Funds

Dear Jacob Thonn and Marilyn Thonn:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your IMM grant:

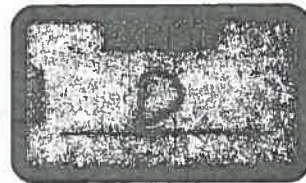
Homeowner did not comply with all HMGP regulations as set forth by OCD-DRU, GOHSEP and FEMA.

Due to the determination noted above, your grant values have been adjusted:

| HMGP Grant Funds Received | | Adjusted HMGP Values | |
|--------------------------------------|----------|--------------------------------------|-------|
| Elevation Grant | 0.00 | Elevation Grant | 0.00 |
| Individual Mitigation Measures Grant | 7,500.00 | Individual Mitigation Measures Grant | 0.00 |
| Reconstruction Grant | 0.00 | Reconstruction Grant | 0.00 |
| Total HMGP Funds Received | 7,500.00 | Total Hazard Mitigation Benefit | 0.000 |

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH198328 is \$7,500.00.

AN EQUAL OPPORTUNITY EMPLOYER



RE: Road Home ID: 06HH198328
Jacob Thonn
Marilyn Thonn
122 Royal Oak Dr.
Slidell, LA 70460

Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Dwayne Manogin, a case manager in our office, to work with you in connection with this request for input. If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

Your response must be postmarked within Thirty (30) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 225-330-0774 or send email to dwayne.manogin@mitigatela.org for assistance.

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions.

We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND
RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR
BEFORE ____DATE____

RE: Road Home ID: 06HH198328

Jacob Thonn
Marilyn Thonn
122 Royal Oak Dr.
Slidell, LA 70460

Please select one (1) option below. This form must be returned within thirty (30) days of the date on this letter.

☐ I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "Louisiana Division of Administration - DRU", in the Amount of \$7,500.00 mailed to:

Division of Administration
Office of Community Development
Hazard Mitigation Grant Program
Finance Department
P.O. Box 706
Baton Rouge, Louisiana 70821

☐ I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please have my case manager contact me. My proposed repayment plan is attached.

☐ I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

SIGNED: _____

PRINTED: _____

☐ I am not the primary applicant for this case. If checked, please state your relationship:

DATE: _____

Dwayne Manogin

198328

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com.

OFFICIAL USE

| | | |
|---|----|------------------|
| Postage | \$ | Postmark Date |
| Certification Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

Sent to
 Recipient's Name
 122 Royal Oak Dr.
 Slidell, LA 70460

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MARILYN THONN
 Marilyn Thonn
 122 Royal Oak Dr.
 Slidell, LA 70460

2. Article Number
 (Transfer from service label) 7011 2000 0002 6929 8117

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Marilyn R Thonn ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 M Thonn

C. Date of Delivery
 7-19

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 10P385-C2-M-1640



State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

SECOND NOTICE

8/17/2012

Jacob Thonn
Marilyn Thonn
122 Royal Oak Dr.
Slidell, LA 70460

Road Home ID: 06HH198328

SUBJECT: Verification of Mitigation Grant Funds

Dear Jacob Thonn and Marilyn Thonn:

A letter was sent to the address listed above on 07/09/2012. The letter was sent to notify you that your Hazard Mitigation grant file was reviewed in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your IMM grant:

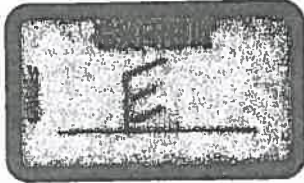
Homeowner did not comply with all HMGP regulations as set forth by OCD-DRU, GOHSEP and FEMA.

Due to the determination noted above, your grant values have been adjusted:

| HMGP Grant Funds Received | | Adjusted HMGP Values | |
|--------------------------------------|-------------------|--|---------------|
| Elevation Grant | \$0.00 | Elevation Grant | \$0.00 |
| Individual Mitigation Measures (IMM) | \$7,500.00 | Individual Mitigation Measures (IMM) | \$0.00 |
| Reconstruction Grant | \$0.00 | Reconstruction Grant | \$0.00 |
| Total HMGP Funds Received | \$7,500.00 | Total Hazard Mitigation Benefit | \$0.00 |

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH198328 is \$7,500.00.

AN EQUAL OPPORTUNITY EMPLOYER



2015-13032
FILED
JUL 23 2015
MALISE PRIETO-CLERK
Deputy **CONNIE GENNARO**

FILED
2015 JUL 23 11 19 AM
ST TAMMANY PARISH

RE: Road Home ID: 06HH198328

Jacob Thonn
Marilyn Thonn
122 Royal Oak Dr.
Slidell, LA 70460

Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Dwayne Manogin, a case manager in our office, to work with you in connection with this request for input. If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

Your response must be postmarked within Fifteen (15) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 225-330-0774 or send email to dwayne.manogin@mitigatela.org for assistance.

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in further collection activities.

We appreciate your assistance in connection with this request.

Sincerely,

Office of Community Development

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND
RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR
BEFORE ____DATE____

RE: Road Home ID: 06HH198328

Jacob Thonn
Marilyn Thonn
122 Royal Oak Dr.
Slidell, LA 70460

Please select one (1) option below. This form must be returned within fifteen (15) days of the date on this letter.

☐ I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "Louisiana Division of Administration - DRU", in the Amount of \$7,500.00 mailed to:

Division of Administration
Office of Community Development
Hazard Mitigation Grant Program
Finance Department
P.O. Box 706
Baton Rouge, Louisiana 70821

☐ I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please have my case manager contact me.

☐ I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

SIGNED: _____

PRINTED: _____

☐ I am not the primary applicant for this case. If checked, please state your relationship:

DATE: _____

Dwayne Manogin



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

2021 LAKESHORE DRIVE, SUITE 100, NEW ORLEANS, LA 70122 • PHONE: 504-284-4020

April 13, 2015

06HH198328
JACOB THONN
122 ROYAL OAK DRIVE
SLIDELL LA 70460

2015-13032

FILED

JUL 23 2015

MALISE PRIETO-CLERK
S/CONNIE GENNARO

Re: Collection of Outstanding Debt in the Amount of **\$7,500.00**

Dear JACOB THONN:

This letter is pursuant to your agreement to voluntarily participate in the State of Louisiana's Hazard Mitigation Grant Program ("HMGP") and to comply with all HMGP and Federal Emergency Management Agency ("FEMA") rules and guidelines, which includes the proper use of Federal grant funds for the mitigation of your home located at 122 ROYAL OAK DRIVE SLIDELL.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$7,500.00**. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt within an agreed upon timeframe and at an agreed monthly amount. However, as of this date, you have failed to and/or refused to execute a re-payment agreement.

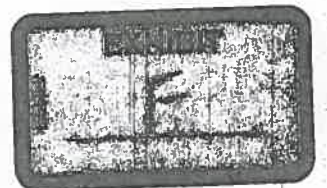
If payments have been paid pursuant to a payment agreement, then you should immediately contact the Program to verify the amount currently owed to the Program.

Please know that litigation and/or prosecution will be instituted against you for the collection of your unresolved debt.

Sincerely,


La Koshia R. Roberts
Attorney for HMGP

FILED
2015 JUL 23 19
ST TAMMAYPAISH



7014 0510 0001 1417 1560

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

Postmark
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| | |
|---------------------------------|-------|
| Sent to | |
| Jacob Thonn | |
| Street, Apt. No., | |
| or PO Box No. 122 Royal Oak Dr. | |
| City, State, ZIP+4 | |
| Slide H LA | 70460 |

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jacob Thonn
122 Royal Oak Dr.
Slidell, LA 70460
198328

2. Article Number
(Transfer from service label)

7014

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jacob Thonn* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

M. Thonn

C. Date of Delivery

4-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt